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CONFIRMATION NO. 6317

|   |   |                                   |   |                                     |                                    |
|---|---|-----------------------------------|---|-------------------------------------|------------------------------------|
| <b>SERIAL NUMBER</b><br>10/082,870  | <b>FILING or 371(c)<br/>DATE</b><br>02/25/2002<br><b>RULE</b>   | <b>CLASS</b><br>385               | <b>GROUP ART UNIT</b><br>3737   | <b>ATTORNEY DOCKET<br/>NO.</b><br>5 |                                    |
| <b>APPLICANTS</b><br>Mark J. Schnitzer, Hoboken, NJ;<br><b>** CONTINUING DATA *****</b> <i>SK</i><br>This appln claims benefit of 60/310,917 08/08/2001<br><b>** FOREIGN APPLICATIONS *****</b> <i>SK</i><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>03/20/2002 |   |                                   |   |                                     |                                    |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and Acknowledged <i>[Signature]</i><br>Examiner's Signature          | <input type="checkbox"/> Met after Allowance<br>Initials  | <b>STATE OR<br/>COUNTRY</b><br>NJ | <b>SHEETS<br/>DRAWINGS</b><br>5   | <b>TOTAL<br/>CLAIMS</b><br>20       | <b>INDEPENDENT<br/>CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>Docket Administrator (Room 3J-219)<br>Lucent Technologies Inc.<br>101 Crawfords Corner Road<br>Holmdel, NY 07733-3030<br>UNITED STATES  |   |                                   |   |                                     |                                    |
| <b>TITLE</b><br>Multi-photon endoscopy  |   |                                   |   |                                     |                                    |
| <b>FILING FEE<br/>RECEIVED</b><br>758   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                     |                                    |